

19  
R E P O R T

OF

T H E D I R E C T O R S

OF THE

Montrose Royal Lunatic Asylum,

INFIRMARY AND DISPENSARY,

FOR THE YEAR ENDING 1<sup>ST</sup> JUNE 1859.

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I N S T I T U T E D 1782.

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M O N T R O S E :

GEORGE WALKER, BOOKSELLER, 15 HIGH STREET.

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M D C C C L I X .



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# List of Directors of the Royal Lunatic Asylum, &c.

JUNE, 1859.

- The PROVOST and ELDEST BAILIE of MONTROSE.  
The FIRST and SECOND MINISTERS of the Parish of MONTROSE.
- 5 PATRICK ARKLEY, Esq. of Dunninald.  
DAVID SCOTT, Esq. of Brotherton.  
W. MACDONALD MACDONALD, Esq. of Rossie.  
The Right Hon. the EARL of SOUTHESK.  
WILLIAM FORSYTH GRANT, Esq. of Ecclesgreig.
- 10 Sir JAMES CAMPBELL, of Stracathro.  
ALEXANDER PORTEOUS, Esq. of Lauriston.  
THOMAS RENNY TAILYOUR, Esq. of Borrowfield.  
JOHN DUNCAN, Esq. of Sunnyside and Parkhill.  
DAVID LYALL, Esq. of Gallery.
- 15 THOMAS MACPHERSON GRANT, Esq. of Craigo.  
The Rev. THOMAS HILL, Minister of Logie Pert.  
,, ROBERT MITCHELL, do. Craig.  
,, THOMAS MACINTOSH, do. St Cyrus.  
,, JAMES HAY, do. Lunan.
- 20 ,, WILLIAM NIXON, do. St John's, Montrose.  
,, PATRICK CUSHNIE, do. Scots Episcopal Church, do.  
,, JOHN LISTER, do. Free St George's, do.  
,, WILLIAM REID, do. Maryton.  
,, D. S. MAXWELL, do. Melville Church, do.
- 25 ,, J. A. SELLAR, do. St Mary's Church, do.  
Messrs JOHN ABERDEIN, Montrose.  
WILLIAM JAMESON, do.  
ROBERT MILLAR, do.  
ARCHIBALD FOOTE, do.
- 30 Captain ARCHD. MACNIELL, do.  
Messrs ROBERT BURNES, do.  
DAVID MACKIE, do.  
ALEXANDER COWIE, do.  
DAVID WALKER, do.
- 35 THOMAS BARCLAY, do.  
ROBERT WALKER, do.  
JAMES SMITH, R.N., do.  
JAMES M. PATON, do.  
FRANCIS B. PATON, do.
- 40 ROBERT SMART, do.  
THOMAS NAPIER, do.  
JOHN BOYD, do.  
C. H. MILLAR, do.  
WILLIAM BEATTIE, do.
- 45 DAVID MITCHELL, do.  
CHARLES BIRNIE, do.  
FRANCIS ABERDEIN, do.  
ROBERT COOKE, do.  
JOHN GUTHRIE, do.
- 50 JAMES SAVEGE, do.  
GEORGE C. MYERS, do.
- DAVID HILL and GEORGE C. CHALMERS, Bankers, Joint-Treasurers.  
JAMES C. HOWDEN, M.D., Medical Superintendent.  
JAMES NIDDRIE, House Steward.  
Mrs WRIGHT, Matron.

*Annual General Meeting, 2d Tuesday of June; Monthly Meeting, 1st Tuesday of each Month, at 12 o'clock noon.*

ADAM BURNES, Secretary.

## HOUSE COMMITTEE OF ASYLUM.

Provost MACKIE.

Messrs ROBERT SMART.  
WILLIAM BEATTIE.  
DAVID WALKER.  
JOHN GUTHRIE.

Provost MACKIE, *Convener.*

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## INFIRMARY COMMITTEE.

Messrs ROBERT MILLAR.  
ALEXANDER COWIE.  
ROBERT COOKE.  
Rev. D. S. MAXWELL.

Mr MILLAR, *Convener.*

# LUNATIC ASYLUM.

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Income,	-	-	-	-	-	£5883 15 11
Expenditure,	-	-	-	-	-	5504 1 7
						<hr/>
Balance,	-	-	-	-	-	£379 14 4
						<hr/>

# INFIRMARY.

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Income,	-	-	-	-	-	£487 6 10
Expenditure,	-	-	-	-	-	576 4 7
						<hr/>
Balance,	-	-	-	-	-	£88 17 9
						<hr/>



# ROYAL LUNATIC ASYLUM, MONTROSE

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## MEDICAL SUPERINTENDENT'S REPORT,

*For the Year ending 1st June 1859.*

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During the past year 98 patients have been admitted, 30 discharged recovered, 12 removed uncured, and 22 have died. The number of inmates at this date is 271, being an increase of 34 since the end of May 1858.

Previous to the partial opening of the New Asylum in November last 49 patients were refused admission for want of room, but since that date all applications have been acceded to.

Many of the admissions were transfers from the Asylums of Dundee and Aberdeen, the result of arrangements between the Directors of these Institutions and the District Lunacy Boards of the Counties in which they are respectively situated. Owing to this circumstance our population has received a large accession of chronic cases, so that more than one-half of those admitted were incurable,—35 of them having been insane for more than a year, while 4 of these had been fifteen, 4 twenty, 1 thirty, 1 forty years affected, and 5 were congenital imbeciles. Again, 8 were between sixty and seventy, and 7 between seventy and eighty years of age. Many of these old persons were in a dying condition when brought to the Asylum, and one man and four women survived their admission less than a month. A form of senile insanity, which is characterized by subacute excitement, restlessness, alarm, loss of sleep and appetite for food, demands such treatment in its earlier stages, which the circumstances of the patient can seldom afford except in a hospital for the insane. Persons so affected frequently refuse their food and rapidly emaciate and lose strength, while the other symptoms are not such as to create alarm until nature is so far exhausted that the mere journey to the Asylum not unfrequently places the patient beyond the pale of hope, in spite of the most careful nursing.

The benefits of the Institution have not been limited to its immediate vicinity, for, while 49 patients were received from the County of Forfar and 17 from Kincardine, 14 were admitted from Fife, 6 from Caithness, 3 from Perth, 3 from Banff, 3 from Inverness, 1 from Stirling, 1 from Moray, and 1 from Shetland.

In the last Annual Report I drew attention to the pernicious effects of bringing patients to the Asylum on false pretences, and though I am glad to say that the practice has been less common than during the previous year, it is still too frequent, especially when the patient is brought from a distance. It cannot be too strongly enforced on all who have an interest in the welfare of the insane, that truth and honour should be the guiding principles in all their dealings; better far that a friend should run the risk of being unjustly upbraided with cruelty in the employment of what in reality would be rarely needed—force and coercion—than that he should implant in the diseased mind, by means of falsehood, the seeds of a never-dying distrust and hatred, which, while they react on himself, poison every effort made by those to whose care the patient is intrusted to promote healthy mental action, by affording as it were real grounds for that morbid suspicion which is so rarely absent during insanity.

The unnecessary employment of mechanical restraint is not unfrequently superadded to deceit in cases where a simple explanation of the nature and necessity of a temporary absence from home would be sufficient to induce the patient to submit quietly to the advice of his Physician and the wishes of his friends. The transmission of female patients to the Asylum is too often intrusted to a member of the opposite sex—generally, in the case of the poor, an Inspector, a Constable, or Sheriff's Officer, who, however trustworthy, must at best be most unfit guardians to a woman labouring under insanity.

In the beginning of the year three persons were committed to the Asylum under the 85th clause of the Lunacy Act, and in the case of one of these its operation was so cruel and injurious that I deemed it to be my duty to direct the attention of the General Board of Lunacy to the circumstances.\* In the event of an amendment of the law, it is much to be desired that this clause may be modified. At present it provides that, "where any lunatic shall have been apprehended, charged with assault or other offence inferring danger

\* See First Report of the Lunacy Commissioners for Scotland.



to the lieges, or where any lunatic, being in a state threatening danger to the lieges, shall be found at large, or in a state offensive to public decency, it shall be lawful for the Sheriff . . . to commit such lunatic to some place of safe custody." Notice must then be given of such commitment in a public newspaper, and also that it is intended "to inquire into the condition of such lunatic on an early day." The inquiry takes place in open court, generally a week after the apprehension, and during that interval the patient is commonly confined in prison, as "a place of safe custody." To the timid and nervous patient this of itself is a source of great suffering; but still more so is the public examination. Evidence is given in the patient's presence, and he is made to exhibit his frailties before a crowd of strangers, for no other reason than to satisfy the court of a fact, which in most cases any child could discover, viz., that he is insane. Admitting the necessity of there being some provision to protect society against "dangerous lunatics at large," surely it might be made less obnoxious. If it is necessary that the case should be tried in a court of law, it would be very desirable that at least the patient's presence should be dispensed with; and, instead, of the gaol being used as the "place of safe custody," it should be distinctly laid down, that where an Asylum is within a convenient distance, it should be regarded in that light. It would also be well that notice of the patient's apprehension should be given to his relatives, and to the Inspector of Poor of the parish in which he was arrested; and that these parties should be allowed to place him in an Asylum, if they desire to do so. In the old Act 4 and 5 Vict., c. 60, it was clearly explained how the cost of apprehending, keeping, and maintaining dangerous lunatics at large was to be defrayed; it required the Sheriff, at the time of commitment, to find who was the party or parish liable in the expenses; but in the 85th clause of the new Act, which is its counterpart, it is merely stated that "the person or the parish liable in the maintenance of such lunatic, shall be liable for the expenses of apprehending, and of keeping and maintaining, such lunatic in such Asylum;" in other words, it says that the person who should pay, ought to do so, but omits the very important duty of defining who he is, or how he is to be found out, so that if the parish and the friends refuse to defray the expenses, the Asylum which was unfortunate enough to receive him must go to law in order to be remunerated for his maintenance.



In the transference of patients from other Asylums, great inconvenience has been experienced. A woman in a licensed house in the County of Haddington was recommended by the General Lunacy Board to be removed to Montrose. The Sheriff of Haddington refused to sign the transfer warrant, on the ground that Montrose was not within his jurisdiction, while the Sheriff of Forfar declined to do so, because the patient was not in the County; and it was only after several months' delay, occupied in elaborate correspondence between Inspectors of Poor, Asylum officials, Lunacy Board, and Sheriffs, that the apparently simple process was effected. In the transference of a man from the Royal Edinburgh Asylum, similar difficulties occurred; the Sheriff of Edinburgh would not grant his warrant; and the medical officers of the Asylum having first discharged him, signed the ordinary medical certificate, and a certificate of emergency, which the General Board considered sufficient authority, to warrant his removal to Montrose, where the sanction of the Sheriff of Forfar might be obtained. The patient was accordingly received, and the schedule forwarded the following day to Forfar. The Sheriff, however, refused to sign the order for his detention, holding that, as the medical certificates were dated in the Edinburgh Asylum, the Sheriff of that County should have done so. A second application, accompanied by an explanation of the difficulties, was successful, more, perhaps, from a desire on the part of the authorities not to cause further delay and trouble, than from a conviction that they were acting up to the strict letter of the law. The Sheriff of Aberdeen has refused to sign transfer warrants, and in several instances patients were brought to Montrose, from the Aberdeen Royal Asylum, on the authority of the Sheriff of Kincardine, in which County their settlement happened to be.

The forms now exacted before a patient can be placed in an Asylum, while they are inconveniently complicated, are singularly impotent in serving the ends for which they were instituted. The queries in the statement of the case, appended to the petition, are so ingeniously vague, that no definite or satisfactory information can be obtained from their answers at all likely to be of value in the treatment of the patient. The medical certificates embody, besides the simple opinion that the patient is insane, and requires detention in an Asylum—which is all that is of real value—a statement, 1st, of facts, indicating insanity, observed by the certifier; and, 2d, of

other facts (if any) indicating insanity communicated to the certifier by others. Every medical man who has had much experience in signing certificates must have felt how difficult it is in some cases to fill up these forms. I do not think I am far from the truth when I state my belief that one half of the certificates at present signed for the purpose of sending persons to Asylums would not stand the scrutiny of a Court of Law, if their validity depended on the value of the facts alleged as proofs of insanity. To illustrate this I may take instances at random. A man in a highly dangerous and excited state is sent to the Asylum, accompanied by medical certificates embodying the following facts observed *by the certifier* :—"He said that a man had come to his door and annoyed him, and that he pitched him to the bottom of the stairs, and that he followed the same party for about half a mile, and when he got at him nearly killed him. Highly excited at several parties for saying that he was a lunatic." Another man is confined because "His mental powers are impaired. There is an evident silliness about his manner." Again, a female in an advanced state of dementia, and of destructive habits, is certified, the facts (?) indicating, &c., being "all the ordinary symptoms of lunacy."

In all of these cases the individuals were proper persons to be detained under care and treatment, being undoubtedly insane; but if these so called facts are the grounds on which they are deprived of their liberty, their confinement is surely unjust. The man who pitched his tormentor down stairs only did what most persons would have done, or at least have tried to do, under similar circumstances, and though his chasing him half a mile, and nearly killing him, was highly improper, it was no proof of insanity, nor do we think it at all extraordinary that he should be highly excited at several parties for saying that he was a lunatic. The man whose mental powers are impaired, &c., might be excused in asking if that was a sufficient reason for placing him in an Asylum; in the third case, which presented "all the ordinary symptoms of lunacy," we look for *facts* in vain.

Some Sheriffs have declined giving an order for committal because the facts stated were not sufficient proof of insanity. Whether or not it was intended that the Sheriff should exercise his judicial authority it is difficult to say, but that he can do so with justice is utterly impossible, because in the most glaring cases the facts alleged can only be proofs of insanity to those who have seen



the patient and are conversant with his actual condition. A man may labour under the delusion that he is possessed of great wealth, or that his food is poisoned, and to any one who has the means of knowing that these are delusions, they must be satisfactory evidence of insanity; but how can the Sheriff, who grants an order for his committal to an Asylum, and who never saw the patient, know that he is not possessed of great wealth, or that his food is not poisoned?

The inconveniences attendant on obtaining the Sheriff's order, are, in the case of the Montrose Asylum, greatly exaggerated, from the circumstance that it is upwards of twenty miles distant from Forfar, the nearest town where the order can be obtained. Should the system of warrants be perpetuated, it would be most desirable that a Justice of Peace or some local Magistrate should be empowered to grant them; any benefit obtained by the present arrangement would be thus continued, while its greatest drawbacks would be removed—and these are not few, when loss of time, expense, and the sufferings of the patients, are taken into account.

Of the admissions, 25 males and 28 females were single; 14 males and 20 females married; and 3 males and 8 females widowed. At first sight these figures would seem to indicate that the single state is not favourable to mental integrity; but it must be remembered that there are far more persons unmarried than married, while the congenital imbeciles, who are unfitted for marriage, help to swell the ranks of the former; if we deduct the five male idiots from the above, there remain only 20 single men to 14 married, a proportion certainly not greater than what obtains in the general population.

Hereditary predisposition was ascertained to exist in 8 males and 9 females.

The suicidal impulse presented itself in 15 men and 18 women; 11 men and 12 women were dangerous to others; and 14 men and 26 women were stated to be harmless. 6 men and 13 women were known to have had one or more previous attacks of insanity.

Four cases of general paralysis were admitted; one of these was in the last stage of the disease, and died within three months of his admission; the other three exhibited most prominently those extravagant delusions which may be considered almost pathognomonic of the affection. One gentleman believed himself to be possessed of boundless wealth; the most trivial objects assumed in his eyes a fabulous value, and when bed-ridden and helpless he



always proclaimed that he was well and happy. Another man, a printer by trade, declared himself to be emperor of the whole world; he had succeeded in laying a sub-Atlantic telegraph; had discovered Sir John Franklin and his lost expedition, and was engaged in the construction of twelve war steamers for Her Majesty's Government, which would certainly put an end to all fears of the short-comings of our navy, as they were each to be some hundred miles longer than Great Britain. A female presented well-marked symptoms of the same disease, and her ambition was displayed in a manner in keeping with her sex and her kindly disposition; the sick and more helpless of her associates were the especial objects of her solicitude, and the most unlikely cases appeared to her rapidly to gain their bodily and mental vigour under her miraculous treatment; she was satisfied that the matron was to hand over her duties to her, and she had no end of schemes whereby wealth, health, and happiness were to be secured to all.

A wise and merciful Providence has ordained that in the most incurable and fatal forms of insanity, the mind is either altogether incapable of appreciating its mournful condition, or is occupied by delusions of a pleasing and hopeful character. The demented imbecile, who has yet to live so many cheerless, hopeless years, amid accumulated mental and bodily sufferings, is unconscious of his own sorrows; the chronic maniac has lost sight of the sad events which overturned his intellect, and occupies himself with new and imaginary hopes and joys; the confirmed epileptic, whose malady must at no distant date lay him in the grave, will always tell you that the fits are leaving him, and becoming less severe; and the general paralytic, who must, ere three years have passed, end his days in a state of the most abject helplessness, lives a life of gorgeous dreams, surpassing in their extravagance the imaginings of Eastern poetry, and evidently enjoys an amount of happiness which might be the envy of the sane and healthy.

Eight epileptics have been admitted, of whom five had been such from birth. The date of the invasion of the malady in the remainder was not exactly ascertained, but is reported to have followed on attacks of fever.

Of the recent cases of insanity, uncomplicated with general paralysis or epilepsy, three were connected with amenorrhœa; one of these was maniacal, the other two melancholy, all of them curable,—one

already discharged recovered. In two women, maniacal symptoms supervened on child-bearing, one has recovered, and the other will probably do so. In two incurable cases the derangement seemed to have been induced by prolonged lactation—a not unfrequent cause of fatal brain disease. In one woman dementia was co-existent with pregnancy. Seven women became insane at the climacteric period,—three of these recovered, one died, and four may recover. Four men were admitted, in whom morbid suspicion was associated with irritation of the genito-urinary system. They imagined that plots were laid to ruin them, thought themselves slighted by their friends, suspected their food was drugged, or explained the uneasy sensations they experienced to be the effects of mesmerism.

I could only satisfy myself that insanity undoubtedly resulted from intemperance in three cases,—one of these had *delirium tremens*, and the other two presented slight maniacal symptoms, with strong hallucinations of hearing.

In two married females a general perversion of the intellectual faculties is accompanied by the delusion that they are not married; in both cases the disease is alleged to have been brought on by ill treatment of the husbands, and it is remarkable that there are at least other three women in the house having the same delusion, in which the same cause is assigned—it may be a question, however, whether the domestic disagreement was the cause or the result of insanity. Symptoms, generally maniacal, presented themselves in ten recent cases where the mind had been always more or less weak, or had been impaired by previous acute attacks. Most of these have recovered, or will, in all probability, recover from the more urgent symptoms, but will be always subject to a return of the disease. Senile insanity, before alluded to, was the affection in nine cases—five of these have died, one may, and three will not recover.

In a person of considerable intelligence, exaggerated hypochondriasis was the form of disorder; morose, sullen, irritable, his whole thinking faculties were exercised in the contemplation of his own bodily functions — occasionally suspecting his food to be poisoned, he would often refuse it, not because of want of appetite or illness after eating, but because his saliva became thick, because his bowels were not sufficiently active, or because he felt cold, or warm, or experienced some trivial sensation which he could not



explain. He had read works on physiology, had a considerable knowledge of drugs, and before being placed in the Asylum his health had been much impaired by the excessive use of physic and stimulants to allay or alter his uneasy feelings.

The recoveries are in the ratio of 30.612 to the admissions, a proportion high, when it is considered that in only about 46 per cent. of the latter was recovery possible, while, as was explained above, nearly 54 per cent. were incurable. A female who had been admitted in a state of pregnancy remained in an apparently demented condition until her accouchment, when she became maniacal, and continued so for some weeks; the child, a poor puny creature, was removed, and has since, I believe, died; the mother slowly regained her mental powers, ultimately recovered, and was discharged after a residence of eighteen months. It will be remembered that a case somewhat similar in its history was reported last year. Both the females seemed to have become insane about the period of conception, both continued so during their pregnancy, both began to improve, and ultimately recovered, after childbirth; the only difference being, that in the former instance the woman was allowed to nurse her child, while in the latter it was immediately removed after birth.

The general health of the inmates has been good, and the Institution has not been visited by any epidemic of a serious nature. The deaths bear a ratio of 8.695 per cent. to the average number daily resident, and of 6.567 per cent. to the total number under treatment, a mortality below the average rate in Hospitals for the insane. Five of those who died were between sixty and seventy years of age, and four between seventy and eighty; eight had been less than a year in the Asylum, and fourteen were resident during periods varying from eighteen months to nine years. In nine cases death resulted from diseases of the nervous system, in six from diseases of the lungs, in one from heart disease, in two from intestinal affections, and in four from old age and general decay.

Three patients effected their escape during the year; one of these, a woman, was afterwards discharged at the earnest solicitation of her friends, and with the approval of the General Board of Lunacy. A man who, before being placed in the Asylum, had led a wandering life, impatient of the new restraint placed on his habits, escaped a fortnight after his admission, but was recovered within



three weeks. Another man absconded at an early hour in the morning, but returned of his own accord in the afternoon of the same day, finding, as he said, that work was very scarce, and having experienced that food was not over plenty either, as he had tasted nothing since his departure.

Mechanical restraint was employed in one instance, contrary to my own wish, but on the earnest solicitation of the patient. A woman who had been insane for many years, though generally quiet and inoffensive, was subject to occasional paroxysms of excitement, accompanied by an intense suicidal impulse; on these occasions restraint had been formerly used, apparently with great relief to herself. On the incursion of her last attack she earnestly implored that the straight-waistcoat should be put on, so that she might be prevented committing an act which she evidently so much dreaded. After some days resistance, I at length yielded to her wish, and no sooner had I done so than the excitement abated, and she became calm and comparatively contented. She lay in bed with her arms thus restrained for some weeks, but evincing no symptom of farther amendment, and it appeared to me, that though voluntary, the restraint was operating injuriously, in so far as it removed the necessity of exercising self-command, which is always an important element in the cure of insanity. Acting on this conviction, I removed the mechanical appliances in spite of the remonstrances of the patient. For some days she was much worse, and made frequent attempts at self-destruction; constant watching, however, rendered these attempts ineffectual: in a few days more the impulse became less imperious; by degrees she regained her self-control, and soon attained her usual degree of mental health. Though I would not commit myself to an opinion, that mechanical restraint ought never to be employed in the treatment of insanity, the above case has satisfied me that the patient's wish and inclinations should not be taken as the index of its necessity, or even of its propriety.

Employment, as a means of cure, has, during the by-gone year, been adopted on an extended scale. Not only have repairs and clothing for the ordinary number of residents been made in the House, but a stock of clothes for nearly a hundred additional patients has been accumulated; 50 straw mattresses, 50 wooden bedsteads, 6 tables, 16 benches, and other articles of furniture for the New Asylum (see table XII.) have been constructed; while, in addition

to the regular garden work, two large courts at Sunnyside have been levelled and prepared, about an acre of ground has been trenched, and several roads wholly or partially made.

The effect of increased means of out-door occupation on the male patients has been very marked, the convalescent have rapidly gained in mental and bodily vigour, while even the chronic and incurable have improved in health and intelligence under the invigorating influence of fresh air and exercise. As far as was compatible with a divided establishment and the transition state of the Institution, amusements and various sources of recreation have been carried on; the weekly dance, concerts, evening parties, pic-nics, &c., have been a source of benefit to all capable of appreciating them; parties of the inmates have attended lectures, concerts, and public exhibitions, as well as the Churches in the town. Convalescents have been allowed to visit out of doors, and many have enjoyed sea-bathing, walks, and drives in the country during the fine weather.

New efforts have been made to introduce the usual elements of social and domestic life into the wards. Family worship is now a part of the daily routine; and, in addition to the school on week days, a Bible Class on Sabbath has been carried on with great success. The Officers have devoted as much of their time as more urgent, if not more important, duties permitted, to the society of the high-class boarders, and it is hoped, in the New Institution, arrangements will be made for effecting this on a more extended scale.

I would gratefully acknowledge the generous services of the several ladies who have continued so unremittingly to spend much of their time not only in assisting in the school, but also in visiting and encouraging the female patients. These visits have not, in my experience, in any way injured the discipline of the Establishment, while they have been productive of much good to the patients.

The Library, Museum, and Bazaar of the Institution have been greatly enriched by donations from various kind friends. Among these I may enumerate the following:—Upwards of 70 volumes from John Duncan, Esq. of Parkhill; lots of Music from Mrs Palmer and Miss Beattie; lot of books and engravings from Mrs R. Barclay; games, &c., from Mrs Watson; two pounds sterling by Montrose post-mark, anonymous; one pound sterling by Montrose post-mark, anonymous; prepared sea weeds from Miss Mitchell;



collection of rocks and minerals from Mr A. Croall, besides various articles of fancy-work, &c., from several ladies.

The Commissioners in Lunacy have visited both the Old and New Asylums on three several occasions, and report favourably of their condition. In the appointment of Dr Fairless, as Assistant-Medical Officer, the Directors have been peculiarly fortunate in securing the services of a gentleman in every respect highly qualified for the duties. Mrs Wright and Mr Niddrie have, in their respective offices, successfully exerted themselves to promote the welfare of the Institution, and the comfort of its inmates.

In conclusion, I beg respectfully to tender my warmest thanks to the House Committee for their unvarying support during a period of unusual care and anxiety. The past year has been fraught with much labour to all connected with the management of the Institution, as, in addition to the ordinary duties, the completion, arranging, and partial opening of the New Asylum have demanded no small share of their attention; and it is only just that I should state that their labour and their anxiety have been in no small degree lessened by the good conduct and attention of the attendants and servants, especially of those who were intrusted with the care of the patients at Sunnyside, where they were only subjected to occasional supervision.

JAMES C. HOWDEN.

Montrose, 31st May 1859.



*Table I.—Shewing General Results of the Year.*

	Males.	Females.	Total.
In the Asylum, 31st May 1858,.....	100	137	237
Admissions and re-admissions during the year,.....	43	55	98
Total under treatment during the year,	143	192	335
Discharged during the year—			
M.      F.      Total.			
Recovered,.....	12	18	30
Uncured,.....	2	10	12
Died,.....	9	13	22
	—	—	—
	23	41	64
Remaining in the Asylum, 31st May 1859,	120	151	271

*Table II.—Shewing the Daily Average Number of Patients for each Month, and for the whole Year.*

PERIOD.	MALE.	FEMALE.	TOTAL.
For June 1858.....	100.366	139.766	240.132
„ July „ .....	105.096	143.064	248.160
„ August „ .....	104.741	145.000	249.741
„ September „ .....	103.933	142.666	246.599
„ October „ .....	102.290	143.258	245.548
„ November „ .....	105.666	143.433	249.099
„ December „ .....	105.483	139.580	245.060
„ January 1859.....	109.903	142.806	252.709
„ February „ .....	116.142	142.750	258.890
„ March „ .....	117.096	146.967	264.063
„ April „ .....	115.533	148.533	264.066
„ May „ .....	118.677	152.354	271.035
For the whole year 1858-59	108.760	144.181	253.000

*Table III.—Shewing the Social Condition of those Admitted.*

SOCIAL CONDITION.					M.	F.	T.
I. Single,	...	...	...	...	26	27	53
II. Married,	...	...	...	...	14	20	34
III. Widowed,	...	...	...	...	3	8	11
					—	—	—
					43	55	98

*Table IV.—Shewing the Duration of Insanity in those Admitted.*

						Males.	Females.	Total.
Under 14 days,	...	...	...	...	...	7	5	12
„ 1 month,	...	...	...	...	...	4	5	9
„ 3 months,	...	...	...	...	...	4	11	15
„ 6 „	...	...	...	...	...	2	7	9
„ 9 „	...	...	...	...	...	2	5	7
„ 2 years,	...	...	...	...	...	4	2	6
„ 3 „	...	...	...	...	...	0	3	3
„ 4 „	...	...	...	...	...	1	1	2
„ 6 „	...	...	...	...	...	2	1	3
„ 8 „	...	...	...	...	...	2	3	5
„ 10 „	...	...	...	...	...	0	1	1
„ 15 „	...	...	...	...	...	2	2	4
„ 20 „	...	...	...	...	...	2	2	4
„ 30 „	...	...	...	...	...	0	1	1
„ 40 „	...	...	...	...	...	1	0	1
Congenital,	...	...	...	...	...	5	0	5
Unknown,	...	...	...	...	...	5	6	11
						—	—	—
						43	55	98

*Table V.—Shewing the Numbers, Curable and Incurable, of those Admitted.*

						Males.	Females.	Total.
Curable,	...	...	...	...	...	19	26	45
Incurable,	...	...	...	...	...	24	29	53
						—	—	—
						43	55	98

*Table VI.—Shewing the Proportion considered Suicidal and Homicidal of those Admitted.*

I. SUICIDAL—					M.	F.	T.
1. Attempted,	...	...	...	...	6	8	14
2. Threatened,	...	...	...	...	8	9	17
II. HOMICIDAL,	...	...	...	...	12	10	22
					—	—	—
					26	27	53

*Table VII.—Shewing the Form of Religion of those Admitted.*

FORM OF RELIGION.					M.	F.	T.
I. Protestant,							
1. Church of Scotland,	...	...	...	...	16	23	39
2. Free Church of Scotland,	...	...	...	...	7	11	18
3. United Presbyterian Church,	...	...	...	...	5	7	12
4. Methodist,	„	...	...	...	0	1	1
5. Congregationalist,	„	...	...	...	0	1	1
6. Episcopalian,	„	...	...	...	0	2	2
II. Roman Catholic,	„	...	...	...	0	1	1
III. Not ascertained,	...	...	...	...	15	9	24
					—	—	—
					43	55	98

*Table VIII.—Shewing the Alleged Causes of Insanity in those Admitted.*

	M.	F.	T.
Anxiety,	3	3	6
Child-birth,	0	3	3
Crime,	1	0	1
Death of Relatives,	0	3	3
Disappointed Affections,	0	2	2
Epilepsy,	3	0	3
Fever,	1	3	4
Fright,	1	1	2
Hereditary Predisposition,	7	8	15
Imprisonment,	1	0	1
Injury from fall,	1	0	1
Intemperance,	2	1	3
Laudanum, Excessive use of,	0	1	1
Previous Attack,	6	11	17
Religious Excitement,	0	3	3
Seduction,	0	1	1
Senility,	2	2	4
Congenital,	5	0	5
Unknown,	10	13	23
	—	—	—
	43	55	98



*Table IX.—Shewing the Ages of those Admitted and Dead.*

				Admitted.			Dead.		
				M.	F.	T.	M.	F.	T.
Under 20 years,	...	...	...	3	1	4	0	0	0
From 20 to 30 years,	...	...	...	16	9	25	2	0	2
„ 30 to 40 „	...	...	...	8	15	23	1	1	2
„ 40 to 50 „	...	...	...	7	10	17	1	4	5
„ 50 to 60 „	...	...	...	5	9	14	2	2	4
„ 60 to 70 „	...	...	...	2	6	8	2	3	5
„ 70 to 80 „	...	...	...	2	5	7	1	3	4
				43	55	98	9	13	22

*Table X.—Shewing the Causes of Death.*

						M.	F.	T.
Diarrhœa,	...	...	...	...	...	1	0	1
Dysentery,	...	...	...	...	...	1	0	1
Epilepsy,	...	...	...	...	...	0	1	1
General Decay,	...	...	...	...	...	0	2	2
General Paralysis,	...	...	...	...	...	3	1	4
Heart Disease,	...	...	...	...	...	0	1	1
Old Age,	...	...	...	...	...	1	1	2
Paralysis,	...	...	...	...	...	2	2	4
Phthisis,	...	...	...	...	...	1	4	5
Pleurisy,	...	...	...	...	...	0	1	1
						9	13	22

*Table XI.—Shewing the Residence in Asylum of those Recovered and those Dead.*

					Recovered,			Dead.		
					M.	F.	T.	M.	F.	T.
Under 4 weeks,	...	...	...	...	0	0	0	1	4	5
„ 6 „	...	...	...	...	0	1	1	0	0	0
„ 2 months,	...	...	...	...	2	0	2	0	0	0
„ 3 „	...	...	...	...	3	2	5	1	0	1
„ 4 „	...	...	...	...	3	3	6	0	1	1
„ 5 „	...	...	...	...	1	2	3	0	0	0
„ 6 „	...	...	...	...	0	2	2	1	1	2
„ 9 „	...	...	...	...	2	1	3	0	0	0
„ 12 „	...	...	...	...	1	3	4	1	2	3
„ 18 „	...	...	...	...	0	1	1	1	0	1
„ 2 years,	...	...	...	...	0	2	2	1	0	1
„ 3 „	...	...	...	...	0	1	1	1	1	2
„ 4 „	...	...	...	...	0	0	0	0	1	1
„ 6 „	...	...	...	...	0	0	0	2	0	2
„ 7 „	...	...	...	...	0	0	0	0	2	2
„ 9 „	...	...	...	...	0	0	0	0	1	1
					12	18	30	9	13	22

*Table XII.—Account of Work done by the Inmates for Year from  
31st May 1858 to 31st May 1859.*

## M A L E S.

	Made.	Repaired.		Made.	Repaired.
Coats,.....	1	31	Straw Mattresses,..	54	26
Jackets,.....	81	339	Sofa, .....	0	2
Vests,.....	62	270	Graip Handles,....	12	1
Trousers,.....	116	553	Rooms,.....	0	21
Drawers,.....	156	9	Gas Brackets .....	0	3
Patent Dresses,....	4	5	Picture Frames,....	23	0
Braces, .....	23	0	Drag Rakes,.....	1	1
Stocks, .....	0	2	Scythe Rake-handles		
Slips, .....	0	0	turned, .....	40	0
Crumb-Cloths, .....	1	0	Bird Cages,.....	0	2
Salmon Nets,.....	23 cwt.	0	Crow Mills,.....	1	1
Canvas Dresses,....	1	0	Lobby Lamps,.....	0	1
Canvas Gowns,....	3	0	Carpets laid,.....	0	21
Canvas Jackets,....	1	0	Shelves, .....	0	2
Stools, .....	2	5	Hammer Shafts,....	48	0
Phaetons,.....	0	2	Pick Shafts,.....	8	0
Kitchen Dresser,....	1	1	Book Cases,.....	0	1
Barrows, .....	3	6	Coal Baskets,.....	16	2
Panes of Glass,....	0	615	Presses, .....	3	0
Beds, .....	33	97	Mantelpiece, .....	1	1
Chairs,.....	2	70	Clothes Pins,.....	106	0
Windows, .....	1	0	Chest,.....	1	0
Doors, .....	2	80	Kitchen Clothes Bas-		
Locks, .....	7	176	kets, .....	0	12
Tables, .....	6	36	Fork Shafts,.....	0	1
Water Closets,....	0	118	Flower Boxes,.....	2	0
Shutters, .....	0	47	Shoemakers' Stools,	1	0
Brush Handles,....	47	0	Rollers for new house	8	0
Seats for Chapel,....	12	7	Clothes Screen for do.	2	0
Pigs' Troughs, .....	0	4	Pigeon House,.....	1	0
Keys fitted,.....	0	25	Italian Irons,.....	0	3
Bell Wire,.....	0	1	Grates, .....	0	1
Flower Sticks,.....	36	0	Wire Screens,.....	2	1
Door Posts,.....	0	3	Fenders, .....	0	4
Ventilator,.....	0	2	Swine Houses,.....	2	10
Sink in Kitchen,....	0	1	Meat Trays,.....	4	4
Airing green railing,	0	1	Locks, .....	0	46
Cisterns, .....	0	1			

## F E M A L E S.

	Made.	Repaired.		Made.	Repaired.
Bed Covers, .....	55	110	Table Cloths,.....	20	34
Bed Ticks,.....	57	89	Shoes bound,.....	117	29
Blankets, .....	310	159	Polkas, .....	5	6
Sheets,.....	505	291	Night Caps,.....	293	458
Pillows, .....	146	144	Drawers, .....	188	434
Pillow Slips,.....	174	308	Quilted Coverlets,...	8	24
Shirts, .....	293	482	Canvas Dresses,....	82	40

	Made.	Repaired.		Made.	Repaired.
Shifts, .....	237	716	Bed Gowns,.....	108	86
Petticoats,.....	198	432	Blinds,.....	2	6
Gowns, .....	180	752	Bonnets, .....	3	27
Stockings, .....	290	1008	Socks,.....	88	361
Stocks, .....	287	83	Binders,.....	0	2
Flannels,.....	262	885	Bibs,.....	3	0
Stays,.....	160	69	Chair Covers,.....	10	8
Caps, .....	222	436	Plaid Gowns,.....	10	24
Aprons, .....	351	506	Canvas Beds,.....	4	43
Handkerchiefs, .....	318	447	Smock Frocks, .....	2	0
Towels, .....	184	123	Collars, .....	12	0

JAMES C. HOWDEN.

## REPORT OF THE HOUSE COMMITTEE.

Your Committee have had much satisfaction in discharging the duties delegated to them during the past year. These have been of a more onerous nature from the circumstance that the new Asylum has been opened for a portion of the year, and, consequently, many arrangements have been requisite, regarding which they had no practical experience. The Committee have, however, had most valuable assistance from the Medical Superintendent, Dr Howden, who, in addition to his professional talent and experience, has a thorough knowledge of the practical working out of the details of such Institutions. In regard to the old Asylum, the Committee are saved the necessity of giving any details from that Institution having, so late as the 7th of May last, undergone so thorough an examination by Dr Cox, one of the Commissioners in Lunacy for Scotland, whose report will be submitted to the General Meeting. The testimony borne by this document to the excellent state of the old Asylum in every department is most satisfactory, and shows that, even although both Houses are in operation, and, consequently, the Medical Superintendent's attention



necessarily somewhat divided, no effort has been spared to render the inmates as comfortable and happy as their unfortunate situation admits of.

The Committee have the utmost confidence that the new Asylum will be found to afford excellent accommodation, and such as was contemplated to be established by the Lunatic (Scotland) Act 1857. From the terms of Dr Coxe's report, and from other circumstances, and the frequent inquiries made, the Committee have no doubt but a very great demand exists for such accommodation as the new Asylum affords. The number of patients at present under treatment exceeds that at the corresponding period of last year by 34, while various applications have recently been made for further admissions. In regard to the rates of board for pauper lunatics, your Committee have made themselves acquainted with those charges by the different public Asylums throughout Scotland, and the rate of £22 for patients from the Counties of Forfar and Kincardine is, in their opinion, a moderate and reasonable charge for the accommodation afforded. It is considerably under that charged by the Glasgow Royal Asylum, and £2 10s under that charged, and agreed to for 5 years by the Lunacy Board of the county of Aberdeen. The £22 rate has been agreed to by the County of Kincardine, and the proceedings at a late conference with the District Lunacy Board of the County of Forfar will be reported to the Annual Meeting.

Your Committee have made their usual weekly visits to the House during the past year, and to the new one since it was opened. The recreations, occupations, and amusements noticed in former Reports have been continued throughout the year, and have invariably been found to answer the important uses for which they are designed. Your Committee have to renew their testimony to the talent, zeal, and success of the Medical Superintendent, latterly assisted by Dr Fairless; and to the efficiency of the services rendered by Mrs Wright and Mr Niddrie in their several departments.

The General Meeting will require to authorise the necessary appointments at the New Asylum. The views of your Committee were indicated in a Report submitted to the Monthly Meeting in October last, to which they now beg to refer.

D. MACKIE,

Chairman of House Committee.

# R E P O R T

## OF THE

### ROYAL INFIRMARY AND DISPENSARY,

*For the Year ending 31st May 1859.*

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The most remarkable fact elicited by the following tables, is the small amount of pulmonary disease treated in the Infirmary during the year now closed. In 1857, and 1858, the number of patients admitted labouring under diseases of the respiratory organs, was 60, while during last year the number was only 32. This very favourable comparison is without doubt due to the unusual mildness of last winter, and affords, although on a small scale, a very good illustration of the influence of climate on pectoral complaints.

The number of fever cases admitted amounted to 36, being an excess over that of the previous year of 13. Of these four proved fatal. Hooping cough, scarlet fever, and measles have been unusually prevalent in the town and neighbourhood, during the winter and spring months; but no addition to the usual number of admissions has on this account resulted, these diseases being almost exclusively confined to the youthful part of the population, few of whom become inmates of the Institution, except in consequence of injury, or for the purpose of having operations performed. 37 cases of wounds and injuries have been under treatment. Of these many have been of an unusually grave character. Reference may be made to two. A young man had his arm so thoroughly crushed by machinery, as to necessitate amputation at the shoulder joint: and an old woman, an octogenarian, had her abdomen completely torn open from side to side, by the horn of an infuriated cow. In this condition, with several feet of intestine extruded from the abdominal cavity, she walked a considerable distance for assistance, which was opportunely rendered by one of the medical gentlemen in town, after which she was removed for farther treatment to the Infirmary. Both these patients were dismissed cured.



Twenty-three operations have been performed—all successful save one. In the case which proved fatal, a tumour, weighing seventeen ounces, was removed from the uterus, and the patient unfortunately sank six days after the operation. It is scarcely now necessary to state, that chloroform was exhibited in every case of operation.

The number of patients treated at the Dispensary and their own Houses, is 567. This number, however, does not give a correct idea of the amount of relief afforded by this department, as the letter of recommendation, given by a manager to a patient, is not required to be renewed, so long as a prescription can be written upon it; thus, one recommendation accommodates a whole family for months, and sometimes years.

Dr Lawrence continues to give his professional services with the same efficiency and acceptability as formerly. The management, under Mr. Pier, has been highly satisfactory.

DAVID JOHNSTON, M.D.

*Table I.—Shewing the General Results of the Year.*

	M.	F.	Total.
1st June 1858.—Remained in House,.....	8	18	26
Admitted during the year,	141	125	266
	<u>149</u>	<u>143</u>	<u>292</u>
	M.	F.	Total.
Discharged cured.. .....	119	121	240
„ improved ...	11	8	19
„ dead .....	10	6	16
„ dismissed....	0	1	1
	<u>140</u>	<u>136</u>	<u>276</u>
1st June 1859.—Remain in House,.....	9	7	16



*Table II.—Classification of Diseases under which the Patients laboured when Admitted into the Infirmary.*

	M.	F.	T.
Fevers, ... ..	19	17	36
Ulcers and Abscesses, ...	28	18	46
Wounds and Injuries, ...	27	10	37
Tumours and Malignant Sores,	5	3	8
Diseases of Digestive Organs, ...	7	13	20
„ Heart, ... ..	1	0	1
„ Respiratory Organs,	15	17	32
„ Urinary & Generative Organs,	9	6	15
„ Bones and Joints, ...	9	12	21
„ Nervous System, ...	3	6	9
„ Skin, ... ..	2	6	8
„ Eye, ... ..	2	7	9
Rheumatism, ... ..	6	6	12
Fractures, ... ..	1	2	3
Delirium Tremens, ... ..	2	0	2
Burns, ... ..	1	0	1
Dropsies, ... ..	4	2	6
	<hr/> 141	<hr/> 125	<hr/> 266

	M.	F.	Total.
Amputation at the shoulder joint, ...	1	0	1
„ of fore-arm, ... ..	0	1	1
„ of part of hand (carpus),	1	0	1
„ of finger, ... ..	3	1	4
„ of thigh, ... ..	1	1	2
„ of leg, ... ..	1	0	1
„ of four toes, ... ..	1	0	1
„ of toe, ... ..	1	2	3
Cancer of lip, excision, ... ..	1	0	1
„ of mamma, excision, ... ..	0	1	1
Tumour of eyelid—extirpation, ...	1	0	1
Polypus of uterus—avulsion, ...	0	1	1
„ of nose—avulsion, ... ..	2	0	2
Hydrocele, ... ..	1	0	1
Lithotomy, ... ..	1	0	1
Prolapsus of uterus—perineal operation,	0	1	1
	<hr/> 15	<hr/> 8	<hr/> 23

*Table IV.—Causes of Death in Sixteen Fatal Cases.*

	M.	F.	Total.
Fever, ... ..	3	1	4
Phthisis, ... ..	1	2	3
Bronchitis, ... ..	1	1	2
Dropsy, &c., ... ..	1	1	2
Apoplexy, ... ..	1	0	1
Paralysis, ... ..	1	0	1
Burns, ... ..	1	0	1
Injury to side and kidney, ... ..	1	0	1
Polypus of uterus, ... ..	0	1	1
	10	6	16

*Table V.—Shewing the Occupations of 266 Patients admitted into the Infirmary during the Year.*

Millworkers, ... ..	70
Labourers, ... ..	38
Unemployed, ... ..	37
Weavers, ... ..	11
Fishers, ... ..	19
Sailors, ... ..	15
Mothers and Housewives, ... ..	12
Domestic Servants, 9 ; Farm Servants, 9,	18
At School, ... ..	9
Joiners and Cabinetmakers, ... ..	4
Tailors, 4 ; Flaxdressers, 4 ; Plasterers, 3,	11
Children, 3 ; Engine Tenters, 2 ; Bleachers, 2,	7
Blacksmith, 1 ; Ship Carpenter, 1, ...	2
Baker, 1 ; Cooper, 1 ; Coachbuilder, 1, ...	3
Ropemaker, 1 : Discharged Gunner, 1 ; Saw Trimmer, 1,	3
Pensioner, 1 ; Sempstress, 1 ; Shoemaker, 1,	3
Prisoner, 1 ; Carter, 1 ; Tobacconist, 1, ...	3
Schoolmaster, ... ..	1
Total, ... ..	266

*Table VI.—Shewing the Ages of 266 Patients Admitted into the Infirmary during the Year.*

Patients under 20 years of age, ... ..	60
„ between 20 and 50, ... ..	162
„ above 50, ... ..	44
Total, ... ..	266

*Table VII.—Report of the Patients treated at the Dispensary and at their own Houses.*

1858	June,	...	...	...	...	59
	July,	...	...	...	...	44
	August,	...	...	...	...	41
	September,	...	...	...	...	28
	October,	...	...	...	...	34
	November,	...	...	...	...	35
	December,	...	...	...	...	57
1859	January,	...	...	...	...	47
	February,	...	.	...	...	54
	March,	...	...	...	...	55
	April,	...	...	...	...	47
	May,	...	...	...	...	66
Total,		...	...	...	...	567

## REPORT OF THE INFIRMARY COMMITTEE.

The Committee beg to report the following legacies received during the year :—

Alexander Gordon, Esq., Shipowner,	.	.	.	£15	0	0
Mr James Croll, Shoemaker,	.	.	.	5	0	0

—The usual sum of £150 was voted from the General Fund at the last Annual Meeting of the Asylum, in addition to which, there has been received from—

Churches and Parish Boards,	.	.	.	£77	12	2
Private Individuals,	.	.	.	107	8	1
Banks and Millowners,	.	.	.	28	7	0
Concerts,	.	.	.	16	6	6
Shipmasters,	.	.	.	8	8	0
Police Fines,	.	.	.	3	13	3
				£241	15	0



The admissions have been rather fewer than last year, but there has been a considerable increase in the number of fever patients. The Committee have met weekly as usual, and have to report their satisfaction with the attention and skill of the Medical Attendants, and with the good order of the entire establishment.

(Signed)                      ROBT. MILLAR,  
Chairman of Infirmary Committee.